

Grade Change Form

**ALBRIGHT COLLEGE
GRADE CHANGE FORM**

STUDENT'S NAME: _____

COURSE NUMBER & NAME: _____

SEMESTER & YEAR THE COURSE WAS TAKEN: _____

ORIGINAL GRADE: _____

NEW GRADE: _____

INSTRUCTOR (please print): _____

INSTRUCTOR SIGNATURE: _____

TODAY'S DATE: _____

REASON FOR GRADE CHANGE: _____